

The Mental Hygiene of Aging

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Mental hygiene, the extending of satisfactions of living and the decreasing of the incidence and prevalence of mental disease, is as feasible for older as for younger groups. Two basic concepts underlie this belief: First, there is apparently no complete and direct relationship between the anatomical changes in the brain and the behavior of the personality possessing it; second, the capacity to function is lost when not exercised.

The first concept is illustrated by the fact that some persons with severe senile degenerative brain changes are able to exist outside of psychiatric hospitals, maintaining their behavior within the bounds tolerable to society. Others with no more severe changes, show behavior which cannot be tolerated and these must be hospitalized. The relationship between brain changes and behavior is influenced by the specific location of degenerative processes in the brain and by the extent of generalized loss of brain cells. If the loss is extreme, behavior must degenerate. If it is not extreme, the extent of change does not completely account for behavior alterations.

The most startling examples of the second concept, that functions atrophy when not in use, come from the period of early infancy and are described by Gesell (1), Bowlby (2), and others. An isolated child who hears no speech and is not encouraged to speak will not speak, and eventually becomes incapable of learning to speak. In the same way, the child deprived of

the opportunity of forming social relationships will eventually lose the capacity to make such relationships.

In the animal world, status in the society has been shown to be relatively fixed by the "experiences" of the animal in question (3). The mouse, at the lower end of the scale of aggression in his life situation, can be raised only by having a number of battles carefully arranged for him in which he is easily the conqueror. The mouse or rat who is always defeated in battles with his fellows is less aggressive and physically weaker. He becomes smaller than others in his group, probably because he gets only left-overs to eat, and not enough of them. His capacity for aggressive behavior atrophies in the face of continual frustration.

Wide Range of Interests

All this leads to the conclusion that it is well for human beings to maintain as wide a range of interests as possible throughout life. It is well, too, to entertain and react to a broad range of stimuli in order to avoid atrophy of capacity for the reception of stimuli. Brain cells, though present, may not function to maximum capacity because they are deprived of nutrients, either lacking in the diet or not delivered to the cells because of poor circulation. Through general medical care and proper nutrition, however, brain damage in the catabolic period can be reduced to the minimum.

We can also reduce functional atrophy of the personality to a minimum. Atrophy of this sort comes rapidly in infancy and early childhood when range of function is expanding explosively. There is probably a long period of dormancy before the death of functional ca-

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capacity in the mature personality. Lillian Martin and others have demonstrated that capacities which seemed lost in older individuals were not lost but only covered by the dust of disuse (4). Like Navy ships laid up between emergencies, coverings can be pulled off and functions made ready for action when the stress of the times is great enough.

These two basic concepts of mental hygiene for the aging—one relating to organic and one to functional changes—are not, of course, independent. One of the great problems in obtaining proper nutrition for elderly people, for instance, is getting the individual interested in his diet. He must be stimulated to eat enough of the nutrients which keep his brain working at maximum efficiency. Only then will he have the ability to react to stimuli presented.

It is always necessary to look at the factors in an older person's life which affect his ability to receive stimuli. Moreover, it is always a problem to assess how much of the loss of ability is due to organic, how much to functional, how much to mixed factors. In many instances, diagnosis is possible only during therapy. In some cases it is never possible to separate factors into those based on cell damage and those caused by inability to function because of habitual disuse.

What Is Mental Hygiene for the Aging?

To avoid loss of ability to receive stimuli, the individual must maintain his physical health at its maximum. Equally important, he must try to delay narrowing the range of his interests and activities through the constructive and creative use of leisure time.

Bringing physical status to its maximum level and maintaining it there is no simple task. It may be necessary to use psychological procedures to achieve this maximum, but these procedures are then a means to an end, and not basic mental hygiene. The field of hearing defects provides frequent examples of the neglect of the physical side of rehabilitative procedures. Surprisingly enough, many forget that the first principle of mental hygiene for the hard of hearing is the maximal restoration of hearing through treatment or through the use of artificial aids. Until the maximum

possible physical ability to react to stimuli is reached, psychological procedures must take second place.

The capacities of a person to receive stimuli from the world about him decrease as he becomes older. Sight, hearing, muscle sense, tactile sensibility, and pain sensitivity all diminish progressively with increasing age. This may make it easier for the older person to allow functions to slip into disuse. The stimuli received from a symphony orchestra, for example, may be so slight that it is easy to skip concerts. Or it may be so difficult to hear a union leader as he conducts a meeting that it is easier to stop going to meetings. The emotional stimulation of discussion is lost and social contacts restricted. The life of the older person settles into a narrower path.

Change of Interests

Thus, aging is accompanied by a change of interests. The general pattern of this change is away from variability or activity and in the direction of rigidity and decreasing physical movement. Small groups are preferred to large, talking is more congenial than more active entertainment. There is a tendency, shown by psychological testing, for reactions to take longer to reach completion. All these things are probably of little consequence when they affect a person with a large store of experiences available to furnish what Adolf Meyer called "resting points of satisfaction" (5). But for those whose total range of experience has been small, whose life energies have been poured into few channels, they may mean almost complete extinction of interests and activity.

This is particularly true for the man who is suddenly forced to retire because of ill health or company rules. A professor may find retirement a period for accomplishing things he has often wished he had time to do. On the other hand, the executive interested only in winning as much as possible at the game of business and in losing as little as possible at golf may find his life empty when he retires and can no longer take strenuous exercise. The moving picture, "The Steps of Age" (6), dramatizes the vacuum resulting from the retire-

ment of a skilled workman. Rare is the man who can look forward to the respectable position of "elder statesman." Most of us must find satisfactions of our own making; we must be secure enough in our own enjoyments so that we can get along on a somewhat reduced status in the community.

"Retirement" for the woman who is the mother of a family is generally not so sudden and shocking as for the man. It comes earlier for her than for him; it is never so complete. The departure of children from the home is rarely as final or sudden as the separation of the man from his work when he retires. Household duties and responsibilities diminish gradually and rarely completely disappear. Work hours in the home are more flexible than in industry, and time can be taken out during the day for social, religious, and other types of group activity. Grandchildren extend the period of adaptability and flexibility of personality for many aging women, while their husbands are denied this salutary influence. One wonders whether this may have something to do with the greater longevity of the female in our culture.

A basic task of the mental hygiene of aging, then, is to make life after retirement an opportunity for the maintenance of a broad range of interests. The idea of prophylaxis against damaging social and emotional crises is not a new one in preventive medicine. It is fundamentally no different from universal vaccination to prepare a population to withstand a possible typhoid epidemic. Medicine needs to be equipped with health education techniques to deal with this sort of problem as well as with more familiar ones. The use of leisure time so that it satisfies us when our only time is leisure is one of these concepts.

Our problem now is how to help older people "with nothing to do that means anything." We must try to see that their lives are made more satisfying, that emotional deprivation does not lead them to behavior disorders intolerable to society. This is a job that must be done, unfortunately, in a short time. It should have been done throughout the lives of the personalities involved. The fertilized ovum is the beginning point in general mental hygiene thinking; the aged personality is a slate on which many, many

words have been written, many formative experiences inscribed. The task is all the more difficult because of the progressive loss of ability to receive outside stimuli.

Socioeconomic Problems

Many problems of great concern to the mental hygienist in helping older people are socioeconomic and can rarely be controlled. The older person must pay for housing and food. Even when he can afford these essentials of living, he rarely has much cash left with which to cultivate new interests or even to continue old ones. In cultures in which the parents remain the heads of families as long as they live, their status is likely to grow with age. Consequently, their livelihood is the natural result of their ownership of the means of support for all the family. In our culture, however, children are urged to stand on their own feet, to become independent in their own right, and to be emancipated from the paternal hand. Furthermore, our modern industrial economy does not give the child the opportunity to work with his parents and establish a common economic goal with them.

So the concern of children for their parents' support is likely to be lost, and parents must rely on their own resources when they are no longer able to work. Very few are able to save enough during working years to provide independence in old age. In an inflated economy, present social security allowances, when substituted for wages, can result only in radical lowering of standards of living for many people. This lower standard may mean less satisfactory housing and insufficient amounts and variety of food.

More and more frequently, elderly people in our culture have difficulty living in the homes of their children. Once the child has broken away from the home, he seems no longer able to offer sufficient status to the parent as a member of his household to make life run smoothly. Old struggles are reactivated, the gap between the generations becomes too large to be bridged by understanding and acceptance. Permanent, comfortable, cooperative existence under the

same roof cannot be expected. Many elderly persons recognize this and resolve to live alone. Some succeed, but others are forced by inadequate finances or by concepts of parental and filial duty to live uncomfortably and under stress with their children. The high cost of modern housing, which means small houses and apartments, has markedly aggravated this situation.

These problems have been attacked in two different ways. Subsidized housing exclusively for elderly people has been built or adapted to their needs. The result has allegedly been good, not only because of the housing itself, but also because this housing usually is combined with programs for recreation and other socialization. In some places, daytime programs have been set up to provide recreational and social opportunities without any attempt at changes in housing.

The elderly person is likely to be lonely, particularly if he is widowed or not in his own house, in control of his own life. The aging process has made movement difficult and slow. It is hard to travel to see old friends, particularly if they have been scattered by changes which destroy old, familiar neighborhoods. When friends have died, too often the gap they leave in the lives of their contemporaries can never be filled because no one else is available to fill the niche. This means further emptiness and loneliness for many old people, a reduction of stimuli and, thus eventually, lessened function.

Group Activity

The gathering together of older people in communities so that they can keep the roster of friendship full and stimulating has become a recognized social service and mental hygiene measure in recent years. It has been done as a special program in connection with city community centers. Frequently, and apparently without too much difficulty, it has been combined with other types of emotional and intellectual stimulation. Older people gather together for dances, parties, games, conversation, sometimes even courtship. They show willingness to join classes and learn new skills

that will give them creative outlets for hours which might otherwise be empty. The young man may be driven by ambition to educate himself, but the elderly person grasps the opportunity best under the heightened stimulation of group activity.

This type of mental hygiene activity is of relatively recent origin and, in many places, is not yet well developed. It needs to be greatly expanded. Group activities for elderly persons can be performed under the auspices of mental hygiene or church societies. The leader in charge should remember that older, more than younger folks, need a feeling of status, of control over their own destiny. He should act as a catalyst, or helper, leaving direction of the group to its own members, not to planners "doing something" for the elderly. And when it is impossible to bring groups of older people together, it may be feasible to bring outsiders to them in their homes. Some philanthropic societies have set up continuing programs for finding isolated older people and bringing stimuli to them through regular visits. These stimuli include various types of handiwork which, when completed, satisfy the need of the older person to produce something which will justify his existence.

Such programs present many problems. There is the social background of the people in the activity group. Judy O'Grady and the Colonel's Lady may be sisters under the skin, but they won't want to do the same things in a recreation group, and the direction of their creativity will be different. Some attempt at initial selection should be made, but there should also be provision made for the older person to select the type of group with which he can feel most comfortable. And there is the problem of transportation unless the programs are combined with special housing. For these reasons, neighborhood groups are probably desirable.

Goals

The opportunity to work for pay, if a man is willing and capable of doing so, would greatly reduce the mental hygiene problems of the aged and is a goal worth working toward. But even if this goal is achieved for some, there will be

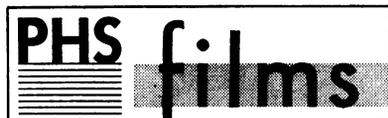
many older people left to profit from learning to use and enjoy leisure time through the activities outlined above. Such activities bring happiness and relief to the elderly. They are also a means of preventing, or greatly delaying, the appearance of symptoms of mental disease and thus of sparing society the high cost of hospitalization. However, there are no conclusive data available to evaluate this point. Admissions to psychiatric hospitals are a good index provided that the availability of beds is equal in the areas compared (which is not usually the case). The fact that 31.5 percent of admissions, for instance, to New York State psychiatric hospitals in 1947 were recruited from the group aged 65 and over (7) indicates the tremendous practical importance of finding and evaluating ways of postponing or making unnecessary hospitalization for mental illness. Proof that programs such as those discussed here actually accomplish this would be a great stimulus to their expansion. These data should be less difficult to obtain on older than on younger groups since the number of variables to be controlled is reduced among older people.

There are many compelling reasons for carrying out mental hygiene programs with the aged. Certainly one of these is the probable prevention of the social and financial load of

psychoses of old age. Another is the fact that a goal for youth is a satisfying old age. If this goal could be assured, many of the pressures and insecurities of younger people would be relieved. The giving of health, the helping to lead an aging person to a more abundant life—one with satisfaction instead of loneliness, with joy in creation instead of frustration, with pleasure in social contacts rather than irritation in meeting people—these are the most important aims of the mental hygiene of aging.

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- (7) The Council of State Governments: The mental health programs of the forty-eight States. Chicago, 1950, p. 215, footnote 7.



You Can Be Safe From X-Rays

16 mm., sound, black and white, 10 minutes, 1952.

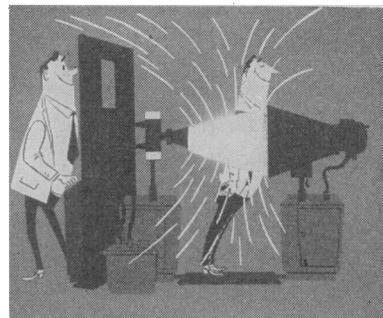
Audience: Personnel concerned with operating X-ray equipment.

Available:

Loan—Medical Directors, (PHS) Federal Security Agency Regional Offices. Also from Communicable Disease Center, PHS, P. O. Box 185, Chamblee, Ga.

Purchase—United World Films, Inc., 1445 Park Avenue, New York 29, N. Y.

This filmograph was prepared by the Division of Chronic Disease and Tuberculosis of the Public Health Service, as a training aid for X-ray technicians and other personnel. It stresses the hazards of secondary radiation in X-ray installations and outlines protective measures against overexposure to radiation. In cartoon style, it depicts an X-ray technician who takes excellent care of his equipment but does not use the same care in protecting himself from the harmful effects of too much X-ray exposure. The effects of excess radiation are discussed, the hazards outlined, and protective measures de-



scribed in detail. The point is emphasized that X-ray can be safe when those who handle it know the facts and follow simple safety rules.